



**Military Family
Advisory Network**

**Military Family Advisory Network
MFAN Solutions Summit 2022
Part II: Appendix**

Report prepared by

A-G Associates, Inc.

July 28, 2022



A-G ASSOCIATES
ORGANIZATIONAL CONSULTING SERVICES

WORKGROUP REPORTS

The following sections of this report include all data created by five workout groups during the MFAN Solutions Summit.

1. Military Transition
2. Telehealth and Health Care
3. Family Well-being
4. Food Insecurity
5. Housing

The attendees, group process, current landscape analysis, next steps, process notes, and flipchart image captures from each workgroup are presented in individual subsections. The workgroup data presented is the raw material and workflow from which all recommendations were derived.

Each group had two overarching goals.

- 1) Identify the current landscape of solutions and problems as they exist across the domains of government programs, nonprofit organizations, private business, and military/veteran/family communities
- 2) Recommend solutions to long-standing and new challenges recognized in the military/veteran/family space.

The recommendations were to be guided by the MFAN data release as well as concerns recognized by any convening attendee. Recommendations did not need to be codified according to the four domains addressed in goal #1 above.

A-G Personnel involved in the preparation and facilitation of this event included:

Chris Gonzalez, MA	President, Facilitator
Ted C. Bonar, PsyD	Project Director, Facilitator
Lara Quintanar, MPH	Project Coordinator, Facilitator
Lizbeth Caceda, Med	Facilitator
Kristin Miller, MSW	Facilitator
Leandra Vera, MA	Co-facilitator/notes
Vania Yague, MA	Co-facilitator/notes
Tanya Edmonson	Co-facilitator/notes
Erica Jackson, MS	Co-facilitator/notes
Rachel Griffin	Co-facilitator/notes

MILITARY TRANSITION WORKGROUP

ATTENDEES – PROCESS – LANDSCAPE – NOTES – FLIPCHART CAPTURE

ATTENDEES

Kelly Finn Stormer, Combined Arms Institute
Dave Lee, CVS Health
Kate Clavijo, MFAN Staff
Paul Bland, MFAN Staff
Erin Kahn, MFAN Staff
Kimberly “Kim” Robertson, MFAN Advisory Board Alumni
Joanna Guldin, MFAN Advisory Board
Hana Romer, MFAN Advisory Board
Brian Alvarado, MFAN Advisory Board Alumni
Sidra Montgomery, MFAN Advisory Board Alumni
Rebekah Sanderlin, MFAN Advisory Board Alumni
Andia Dinesen, MFAN Advisory Board Alumni
Heidi Dindial, MFAN Advisory Board
Alexandra "Ali" Simon, MFAN Advisory Board

A-G Facilitators of Record:

Ted C. Bonar, PsyD, A-G Associates (lead facilitator)
Tanya Edmonson, A-G Associates (co-facilitator, notes)

PROCESS

The group was asked to consider the matters of military transition concerns in terms of four domains: Government Programs, Nonprofit Organizations, Private Business, and Military/Veteran/Family Communities. Individuals were asked to use sticky notes to place solutions on the flipchart paper in the associated domains.

Once the flipchart paper was filled with stickies, the group analyzed each area for thematic commonality. This work resulted in the Current Landscape output below. One note unique to this group was the identification of a need for the inclusion of Higher Education as a significant domain to address. Due to time restrictions, the group was not able to expand on this work in detail, but it is relevant to consider the unique place of Higher Education as a significant domain for many military members transitioning to civilian life.

Following the discussion of the Current Landscape, the group moved to refining recommendations. Because MFAN had specifically recommended the refinement of one-on-

one counseling for service members in transition, the workgroup decided to focus on that area as the first recommendation. The result was a recommendation that addressed several needed steps that included the development of a tool that could be used from enlistment to separation that would provide customized data for use in the transition process. The group addressed the need for funds, the expansion of TAP (Transition Assistance Program) and SkillBridge programs already in place, and the greater inclusion of topics (higher ed and professional development) in the current programs. The group moved on to address additional recommendations regarding communication and marketing needs to service members and their families. Finally, the group addressed the necessity of policy change to make the SkillBridge program more effective.

CURRENT LANDSCAPE

- Private Businesses
 1. Large corporations with funded initiatives (CVS, Amazon, LinkedIn, etc.)
 2. For Profit Companies Serving Military/Veteran Needs (For-Profit Recruitment/Hiring Companies.)
 3. Social Initiatives (DEI, ESG, Others) - Some can be funded but aren't always.
- Non-Profit Organizations
 1. Many Non-Profits in Space (40,000)
 2. Five Different Types
 - Transition Only Focus
 - Broader Mission but includes transition programming
 - Non-Profits that focus on a *very* specific demographic
 - Family / Partner Focused (MFAN, etc.)
 - Mental Health Sector
- Government Programs
 1. DOD (TAP, SkillBridge, MilOneSource, etc.)
 2. State (Hazelwood Exemption, Augment GI Bill Benefits)
 3. Local (Chamber of Commerce, etc.)
 4. Higher Education (Veteran Service Office, Vet Center)
- Military/Veteran/Family Community
 1. Friends / Family
 2. Social Media
 3. Faith-Based Community
 4. Bridge to New Community
 5. Spousal Employment – Buffer

RAW NOTES

Intro Speech – Ted Bonar

Round the room to introduce everyone & get familiar.

Also announce military link with me.

Participants wrote on sticky notes and placed on flip charts to identify current programs that address military transitions

Integrate into family life, jobs, national guard, etc. Brainstorming sessions.

Community – Military, Veteran, National Guard, Spouse & Family & Civilian Community Investment – Connection. Friends & Family help with moving, unloading trucks, links to realtors, job opportunities.

Whether the community you are transitioning into is military friendly or not. How to connect & settle in. Facebook connections, LinkedIn connections, Church relations, Family help. University Veteran Offices & Clubs. Friends/Family, social media, Faith-Based Community, Bridge to Community, Spousal Employment.

Private Sector Business – Civilian – (Philanthropy) – SHIFT Programs, DEI (Diversity, Equity & Inclusion), Community Banks, Vet Internships, 50 Strong – Private Org that supports Govt Program – SkillBridge, Recruit Military, Hiring our Heroes, ESG, (Environmental Social Governance), CAN, (Coordinated Assistant Network), Veterans Administration & Military Spouse – Chamber of Commerce, ERG.

Government – Programs, Grants, Policy, (Fed, State, VA, Local) – Hazelwood Exemption, (TX, IL, MD) - Help with paying for college education – GI Bill (Enlist or Commission within those states), SkillBridge – DOD Available – up to 180 days internship, while on active duty, before you transition (10% utilization), TAP presentation introduces the SkillBridge program benefit. VSO, Legislation, Tax Rebate, Apprentices Programs, Pennsylvania has program relating to 911 Bill for National Guard Members – College Tuition Paid – Yourself and children(s). SECO Partnerships, MyStep – Spousal Employee, VA partnership with DOD & VA.

OTED – (Office of Transition & Economic Development). Yellow Ribbon Schools – Higher Education.

Chamber of Commerce Programs. Datapoint Program.

National Resource Directory – How to organize to better serve the community.

Non-Profit Organizations & Foundations (Philanthropy) – Well known in this space – Too many & do not know where to start. Hiring our Heroes.

Higher Education – Consensus of Group felt that this needed to be in a separate sector – GI Bill, Veterans Center/Offices, SBA Chapters, Counseling Services, Career Services & Academic Internships/Job Training.

***The majority of the participants within this group have a general perception that the branches of service really do not want you to transition out – they would prefer that you stay in and continue your service work. Perhaps that is why the transition process could be perceived to be more difficult & staying in is easier.

Govt Sector – Questions – Expand State Program – Hazelwood Exemption Program?

Top Down or Bottom-Up Approach

How does individuals learn about programs?

- Skill Bridge & TAP
- Chain of Command

What is DOD responsibility?

Non-Profit – Questions –

1. How to avoid redundancy?
2. How effective are they?
3. What's working & what is not?
4. Efficacy of these programs - How are they vetted? Are they taking money & not providing a service(s)?
5. Availability, Navigation, Eligibility, Data. How effective is Navigation & do they have answers?

CAN – Organizing Non-Profit & drilled down the super specifics – to provide those specific services.

Hyper-Specific, On-boarding. How are these organizations vetted for their service(s)?

6. Overwhelmed with the number of services that are out there and which one is best for you and your family. A lot is from word of mouth – networking – Facebook, etc.

Why are we hiring a specific organization – USAA, Mike – Hiring our Heroes.

Mental Health & Financial Issues. Being very specific & staying in your lane.

Some good organizations that are singular & the expansion & growth into other areas.

7. Transition time is a time when they need more resources & broader programs.

Some programs are exclusive & not helpful to others.

Can't be specific to only the service member – it is the entire family that needs to transitional help.

Dave – CVS – Discussion Suicide rate the first year after transitioning – drinking, eating, etc.

Hana discussed the issue with higher education being paid for but the difficulties of having other financial responsibilities. Some more strenuous than others – with spouse, without spouse – Alternate income or not.

Ted brought up the activity of Impact & Feasibility – Should we approach our recommendations from this standpoint? Identify where we have them be comparable with impact and feasibility.

Sidra Montgomery brought up about financial items/issues to be address regarding the issue of higher education. Brainstorming about scholarship funds. Professional Development and Awareness.

These are all separate but could overlap.

Debbie – Need to tailor the transition process for each service member.

Create a framework to evaluate the needs of each service member/family, then to provide/create recommendation on what they should do to successfully transition – Dave – CVS.

Paul Bland – Baseline for the framework should be done from the start of enlisting & not at the end.

New road map to update/replace the National Resource Directory – to include the details we are discussing.

Solutions & Recommendations

Private Sector –

1. Large Corp. Efforts that are funded – USAA, CVS Health, Wells Fargo, Disney Veterans, Bank of America, Veterans Job Mission, LinkedIn, etc.
2. For Profit Company – Offers Services - Hiring America, SHIFT, 50 Strong.
3. Social Initiative – Can be funded, but doesn't have to be – ESG, ERG Program, Veteran Recruitment & Retention, Veteran Internship, Veteran Chamber of Commerce

Government – Additional states to expand those benefits – Can be passed to children.

Non-Profit Sector –

1. Holistic/Transparent Approach
2. Inclusive - Make sure job is available, resources to take care of the family, mental health support, medical health support.

Dave Lee (CVS) - 6-Buckets – Purpose, Connect to Society, Financial Health, Mental Health,

Recommended –

1. Higher Education Prep
2. Plan for the Financial Impact of Transition
3. Professional Development
4. a.) One on One Transition Process involves collection of data.
b.) Bring info over to TAP. Baseline – Collective Data to Evaluate.

c. Expand TAP Counseling Services to include broader training, (Higher Ed, Financial, Professional Development.)

5. Skillbridge or GI Bill – You would need to decide or choose which one – Opt Out or Opt In.

Expand, Strengthen & Streamline SkillBridge. Spouses, Services Members
Skillbridge – Find manning/staffing solution, increase level at which retention at commander level, taking out of command control.

Increase participation in programs. Promote spousal inclusion.

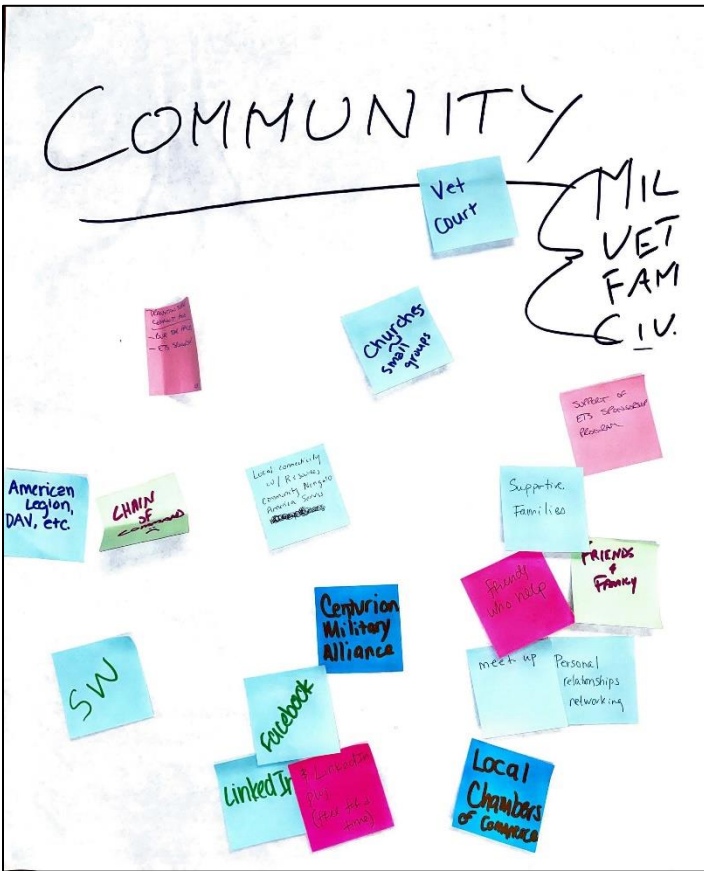
6. Credit for Service – Correlate licenses and trades in the services, should transfer to civilian life. Reciprocity of DOL – CDL Licenses. Address Expanding License Reciprocity.

7. Create a single source website for transitioning.

Would everyone want to stay in communication to continue the conversation? Yes
Socialize it within their transition space

Mike, USAA – Dave, CVS – Hiring Our Heroes bring in MFRAN at VJM, (Veterans Jobs Mission).

FLIPCHART CAPTURE



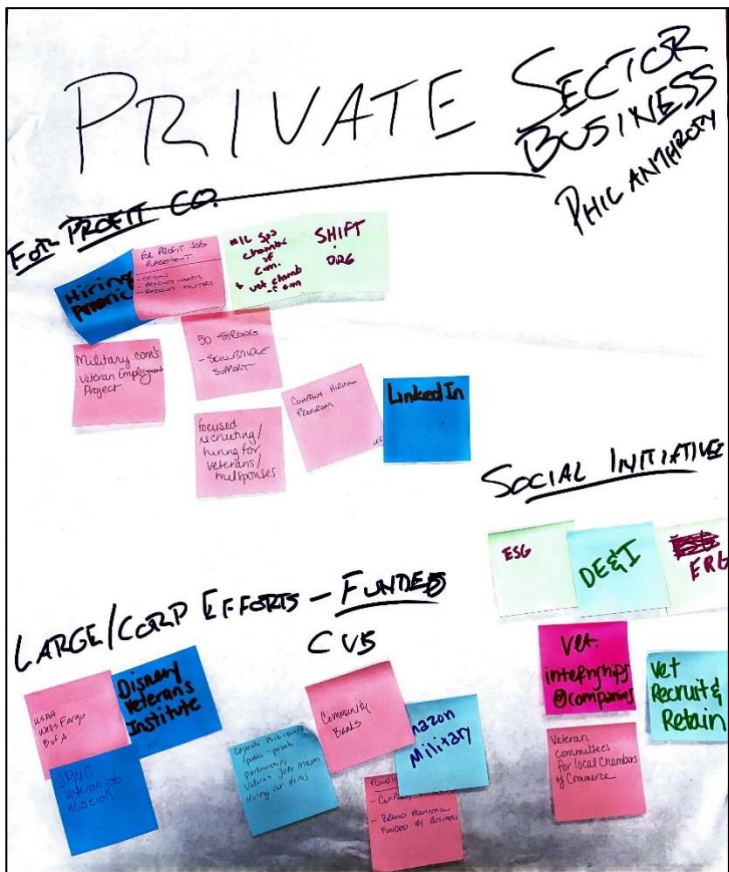
- 1) FRIENDS/FAM.
 - URIPACK A TRUCK
 - STAY IN HOUSE
 - MEAL TRAINS
- 2) SOCIAL MEDIA
 - FB GROUPS - NAT & LOCAL
- 3) FAITH-BASED COMM.
- 4) BRIDGE TO ~~THE~~ COMMUNITY
- 5) SPOUSE EMPLOYMENT
 - BUFFER



- Q
- How to evaluate EFFECTIVENESS & EFFICACY
 - How to vet RESOURCES
 - DATA, Availability, Navigation, Eligibility
 - CAN, CO.S
 - CAH
 - WHY? - FOR ANY PARTICULAR GRO
- ① TRANSITION ONLY
 - ② BROADER MISSION WITH TRANSITION
 - ③ VERY SPECIFIC
 - ④ MENTAL HEALTH CONNECTED
 - ⑤ FAMILY/PARTNER focus



- ## Q GOVT STATE PROGRAMS?
- EXPAND STATE PROGRAMS? - HAZELWOOD EX.
 - TOP DOWN OR BOTTOM UP APPRO
 - How DOES IND. LEARN ABT PROGRAMS
 - SKILL BRIDGE/TAP
 - CHAIN OF COMMAND
 - WHAT IS RESPONSIBILITY OF DOD



- ## RECS
- D MAKE SURE PROGRAMMING IS
 - TRANSPARENT/SPECIFIC
 - WHOLESTIC/INCLUSIVE
 - MH/MGT HEALTH
 - SIX DUCKETS

TRANSITION RECS

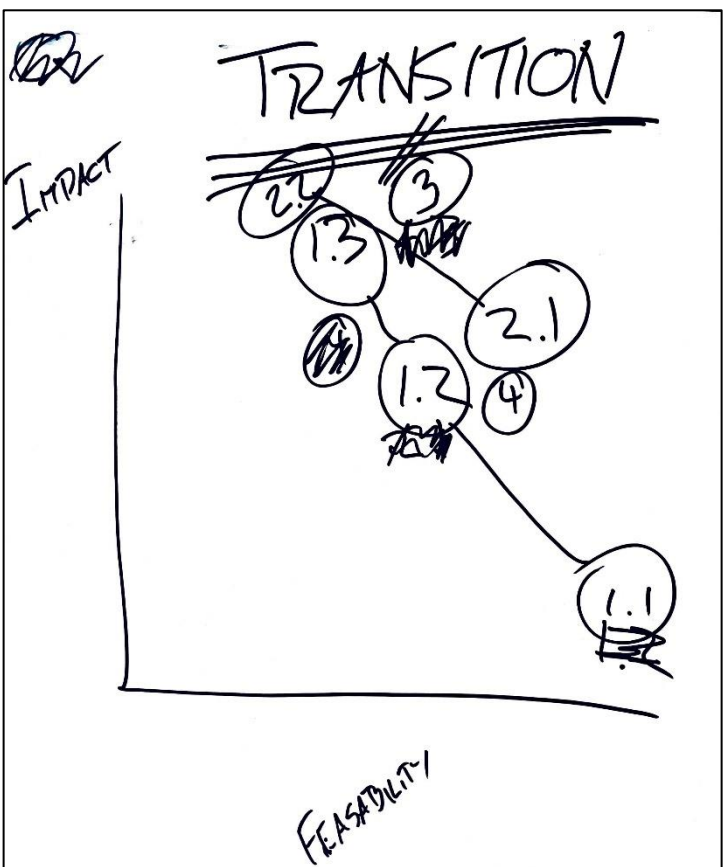
- 1) HIGHER ED PREP
- 2) FINANCIAL PLAN PREP
- PLAN FOR FINANCIAL IMPACT OF TRANSITION
- 3) PROFESSIONAL DEV.
- 4) 1 ON 1 TRANSITION
- CREATE FRAMEWORK TO EVAL NEEDS OF EACH SERVICE MEM / FAMILY
~~INTRODUCTION~~ THAT CREATES RECS THAT RESULTS IN SUCCESSFUL TRANS.

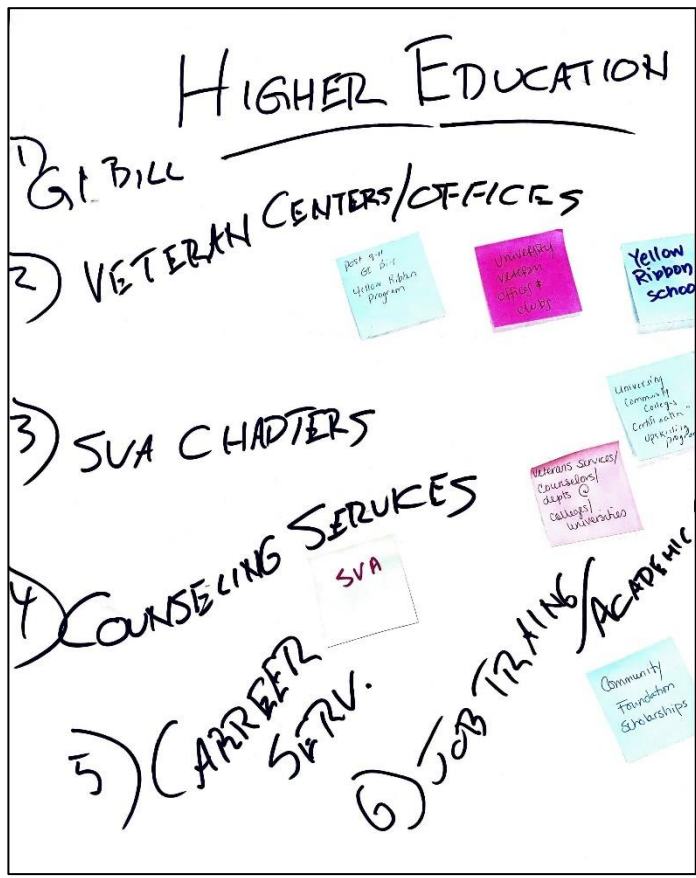
BASELINE
 ANNUAL

1.2
COLLECTION OF ABOVE DATA FROM BASELINE TO CURRENT IS PRESENTED TO TAP COUNSELOR. RESULT: TAILORED REC TO SM/FAM.

1.3
EXPAND TAP COUNSELING 1-on-1 sess SERV TO INCL. BROADER H.E. / PLAN & FIN. IMP / PROF

- 2.1) EXPAND, STRENGTHEN, & STREAMLINE SKILLBRIDGE
 PROMISE
 - SPOUSES INCLUDES
 - SMs (10% current) PARTICIPATE
- 2.2) - FIND MANNING SOLUTION
 - POLICY CHANGE
 - TAKE OUT OF COMMAND
- 3) ADDRESS LICENSING RECIPROCALITY





TELEHEALTH AND MENTAL HEALTHCARE WORKGROUP

ATTENDEES – PROCESS – LANDSCAPE – NOTES – FLIPCHART CAPTURE

ATTENDEES

Ingrid Herrera-Yee, MFAN Advisory Board Alumni
Lina Irizarry-De La Cruz, MFAN Advisory Board Alumni
Julie Stoner, Oracle Cerner
Allison Gienko, Teladoc
Michelle Norman, Partners in PROMISE
Joanne Coddington, MFAN Advisory Board
Melissa Comeau, MFAN Advisory Board Alumni
Lidesyan “Dez” Lincoln, MFAN Advisory Board Alumni
Kristen Beattie, MFAN Staff
Shanna Smith, MFAN Staff
Sheena Parrish, MFAN Staff

A-G Facilitators of Record:
Lara Quintanar, A-G Associates (lead facilitator)
Vania Yague, A-G Associates (co-facilitator, note-taker)

PROCESS

Following a brief round of introductions, the facilitator asked the participants to reflect on the information they heard during the data release the previous day. She asked the participants if there were any issues or barriers that came up in the data release that surprised them or if there were any that they thought were missing. After the group discussed those topics, the facilitator asked the group to think about any programs or organizations that were already working to address the issues or barriers.

The group identified many existing programs and products that address telehealth and health care, particularly mental health care. They also identified challenges and opportunities for improvement within the current landscape. Following a lunch break, the group reconvened, and the facilitator continued the discussion about challenges and opportunities and then moved the conversation toward developing solutions that could address them. The facilitator encouraged participants to reflect on their own personal and professional experiences, what they have seen that works, and what they would like to see. Some group members preferred to

share their ideas verbally, while others wrote them on sticky notes which they shared with the facilitator and co-facilitator.

CURRENT LANDSCAPE

Telehealth and Health Care

- Private Business
 1. Apps to connect with provider (Talkspace, Headspace, Teladoc, etc.)
 2. App-based mindfulness and meditation programs
 3. Access to care and continuity of care challenges with private insurance
 4. Technology accessibility (generational gap, need for “friendly technology”)
- Non-Profit Organizations
 1. Cohen Veterans Network
 2. Tricare for Kids Coalition
 3. Unite Us
- Government Programs
 1. VA telehealth apps
 2. Military OneSource
 3. Extended Care Health Option (ECHO)
 4. Service-specific community services (Army Community Service, Marine Corps Community Service, etc.)
 5. Exceptional Family Member Program (EFMP)
 6. Tricare/VA billing and reimbursement challenges
- Military/Veteran/Family Community
 1. Local groups
 - Church groups
 - Caregiver support groups

RAW NOTES

Current landscape discussion

- What are some telehealth/healthcare access or quality barriers or issues that didn't come up from the data release from the day before? Any gaps identified?
 - Michelle: Military families with EFMP services like telehealth services for mental health services, counseling services, etc. Many of their children have challenges with transitions, so telehealth has been a “really big positive” for the mental health piece. They're in a “safe space” when they're able to stay home and receive services from home; they don't have to worry about getting in a car, prepare them for what's going to happen, etc.

- Ingrid: She added that for her children, “telehealth has been a Godsend”. Regression is a concern if they don’t have hybrid/telehealth services. The flexibility in being able to switch to telehealth is important to her children so she hopes that the telehealth option does not go away. She hopes to maintain telehealth options for continuity of care.
- Dez: agreed with the discussion above. When her brother passed away from cancer a few months ago and her son needed a black male Psychologist, she was able to find someone who could provide telehealth services for her son consistently. She could easily send the provider a message and asked to be “squeezed in” whenever her son needed assistance.
- Michelle: Telehealth is helpful not only for the children but also for the providers. She shared a story about a provider who was able to pivot to a virtual session with a client who waited 10 months to get in for an intro appointment to get specialized care services started
- Ingrid: Telehealth is also helpful from the “prescription side”. If clients need a prescription refill but they need to see a provider prior to getting their rx refilled, a virtual session with the client can easily address this.
- What is available and what solutions are out there? What solutions are already out there?
 - Melissa: The VA telehealth system
 - The Cohen Network
 - Military One Source
 - The local support centers for Army (ACS), Navy (Family Service Centers??)
 - Community service from church and support groups
 - Apps such as TalkSpace, Teledoc, HeadSpace
 - Mindfulness and meditation programs that are app based
- Without getting into specific solutions, what would our ideal state look like around us based on your experience?
 - Ingrid:
 - Having access to mental health for everybody and every case in a timely basis
 - Licensed professionals who can provide telehealth services across state lines. We have compacts that are “in the works” for mental health but “it's not there yet”.
 - The group agreed that state line restrictions are a huge problem. This would also extend the number of hours of care that can be given in a day.

- Allison:
 - Mental health coaches: Often, the issue is not necessarily mental health related. It may be another health issue, a medical issue, food insecurity, etc., so coaches can help identify what these issues are. They can help with referrals, help direct and connect these families to the correct resources.
- What other barriers or concerns exist?
- Finding a provider that accepts the client's insurance, especially Tricare insurance.
- Dez: clients should have access to the best care for their needs despite their insurance coverage
- Michelle: Reimbursement rates for specialized services such as Applied Behavior Analysis (ABA) services have gone down so people are leaving their practices. There is legislative work being done for ABA services but not sure if there is for other services.
- Melissa asked whether there's been any feedback provided directly to the Tricare office from MFAN? She recommended that MFAN staff and the data staff present this to the Tricare office and provide a formal presentation to them.
 - Shannon (MFAN) stated she took note of this and will follow up.
- Lina shared that children who require more than one special needs services per day such as OT, speech therapy, ABA services with retired service member retires, the out-of-pocket cost is \$90/day
- Ingrid echoed this concern and shared that she and her family are paying \$160/week out of pocket for their daughter for mental health services due to their insurance provider (Tricare)
- Michelle: mentioned Coalition on Tricare for Kids and stated that some of the data can be shared with them in one of their meetings.
- Lina: The re-enrollment process is also another issue she and her family faced when her husband moved to another region after retirement.

*Michelle inquired about the data on the handout regarding distance traveled for appointments with their primary care physicians. Michelle stated she'd like to see a breakdown of the percentages to show whether they were Tricare Prime, Tricare Standard or retirees, which may give some insight regarding availability of care.

Shannon thought this was helpful feedback because MFAN will continue to do customized reports.

{BREAK}

- Other barriers or other themes identified?
- Melissa: Technology and access to technology
 - She spoke about the “digital divide” and there are two sides
 - We see this in a lot of Indian communities – they don’t always have the same network access to the internet
 - Pre-9/11 generation - don’t use internet. They might have cable and a phone but they don’t use the internet the way we use it
 - Rural communities - some communities don’t have doctors nearby
 - Accessibility, understanding technology, comfortability with it
 - They call their network the “Friendly technology”: they will help their clients reset their password, they will walk them through it through the phone, they make easy guides for people, etc.
- Melissa: Other challenges include system challenges: the VA will still ask patients for a fax and some will not allow email
- Technology gap in skills
 - User experience for most systems is not geared for the elderly. For example: the buttons need to be bigger
 - The VA did a project with Facebook Portal. 8000 were sent to Veterans and caregivers – easy technology but there were still people who found it challenging
 - Must help people overcome that barrier and get people to engage; help them get over that hurdle
 - Having children and a caregiver in the home can help with technology. They can help “soften” it.
 - Girl Scouts/Boy Scouts assist in similar programs in the community
 - It’s another stigma. They feel bad that they can’t do it.
- Julie: The volume of people purchasing services outside of Tricare is surprising to her.

She added that it would be interesting if, within the survey, they did something about what services are being purchased outside of Tricare and what percent of the population it is. It would be cheaper and accessible if this isn't the case.

- Lack of transparency regarding out-of-pocket or out-of-network expenses
- In-panel vs. Out-of-network service providers and fee structure
- Tricare providers – long delay in getting paid
- Lena: Some Tricare providers also require a minimum number of hours of services (ABA services for example), otherwise, they will not accept those patients. For example, she only needed 1 day/week of service for her child and the only Tricare provider near them would not accept them unless they met the minimum 15 hours of services
 - Melissa commented that respite services for caregivers are the same. She might need 3 hours for respite for 1 day, but providers require a minimum of 10 hours.
- Dez: We are not taking advantage of our military, veterans, military spouses who have credentials who can be of service and be these liaisons.
- Melissa: Culturally competency – we would see more people reach out to learn about military services to understand our family's needs and dynamics
- Michelle: Need to have a Military OneSource type of program to help navigate military benefits, services, resources, etc.
- Melissa: Care navigation is becoming more popular for caregivers, but she does not think she's seen care navigators in the "military space"
- Michelle: ECHO Program exists who do some minimal coordination of care and case management but must qualify for it.
- Melissa: There are other non-profit services such as Warrior Serve (?), Unite Us
- What are some ways that we can expand support not only to caregivers and veterans but to the broader military families?
 - Ingrid: What they found in the research is that stigma is still very clearly a huge issue so having access to care that is confidential and private is important

- Julie: For service members, critical care is needed especially for suicidal service members
- Melissa: Coaching and peer support and a “warm hand-off” from one provider to another
 - Julie: Coaches are significantly less expensive

(Michelle asked what are the qualifications/training needs to be a coach? The group was unsure of the answer to this question.)

- Mental health crisis services for children: telehealth access for kids is critical.
 - Issue with this: clinicians are booked solid, they have long waitlists, and their own kids can’t get care
- Continuity of care
- Access to care for our National Guard and Reservists
- Transitioning from Active Duty to Retiree – finding providers that accept Tricare and have openings

{LUNCH}

Solutions/recommendations/ideas and potential areas for partnerships with other organizations?

- Mental health coaches and providers that can work across state lines
 - Counselors vs. coaches
 - Professionals vs. peers
- Work with partners to develop a centralized portal or a dedicated platform to access services, including mental health services.
 - For service members
 - For community members
 - Consider one that has the capability to do triage; triage levels of services/support
- Create opportunities for military spouses to help address the shortage of mental/behavior health providers
 - Collaborate with college programs/medical schools/universities to upstream shortage issue
 - Hire military spouses / prioritize military spouses

- Provide training programs on base
 - Address portability issues regarding licenses
 - Utilize the workforce that's ready to go
 - Virtual internships
 - Create incentives
- Transparent fee structure
 - This will help us plan regarding services and the budget. If it's not covered, let us know. Provide a "menu" of services. If the service is not covered, provide information about out-of-pocket fees or how much will not be covered by insurance. (Lena)
 - Tricare overhaul?
 - A "manual" to help families manage expectations. Provide a summary of services from the onset so that families know what to expect. (Melissa)
 - Include complimentary services or alternative or recreational therapy. (Dez)
 - Examples: Massages for service me, Vet Tix, Art Therapy, etc.
 - Keep telehealth policy beyond Covid. "If it's working, don't get rid of it". (Lena/Melissa)
 - Telehealth lessons learned from Covid
 - Consider keeping policies related to telehealth, mental health, behavioral health learned from Covid times
 - Address continuity of care/services and access to telehealth service providers and culturally competent providers for:
 - Non-English speakers
 - People with disabilities (services for deaf, blind, non-verbal, etc.)
 - People with specific health needs
 - People from different cultures
 - People with gender issues
 - Children with autism and other disabilities
 - Continue ABA services and other specialized services to be provided and covered by insurance, particularly Tricare
 - For continuation of school-based services and other services included in children's Individualized Education Plans (IEP) services, about 44 states have adopted Advance enrollment for children in schools. However, school-districts and families don't yet know about it.
 - Ideas/solutions to help address this:

- Educate military families on Advance Enrollment policies
 - Address state funding and look at processes to address advance enrollment
 - Educate schools/families regarding portability of records
- Licensing boards should adopt policies related to portability of licenses.
 - Oftentimes, many families do not know what services are available to them. Local communities as well as States should be educated on policies, available resources and benefits and disseminate all this information to military families.
 - Continuation of services can also be addressed by utilizing a “care navigator” to include technical assistance.
 - Have a “checklist” for active-duty military families as they transition in and out of the military. Same for reservists and their families.

{DISCUSSION ADJOURNED AT 2:05PM}

FLIPCHART CAPTURE

CURRENT LANDSCAPE

- MH Access
- Rx refills
- Apps : Talkspace
- Insurance/billing/reimburse
 - Tricare : Feedback?
- Continuity of care
 - special needs

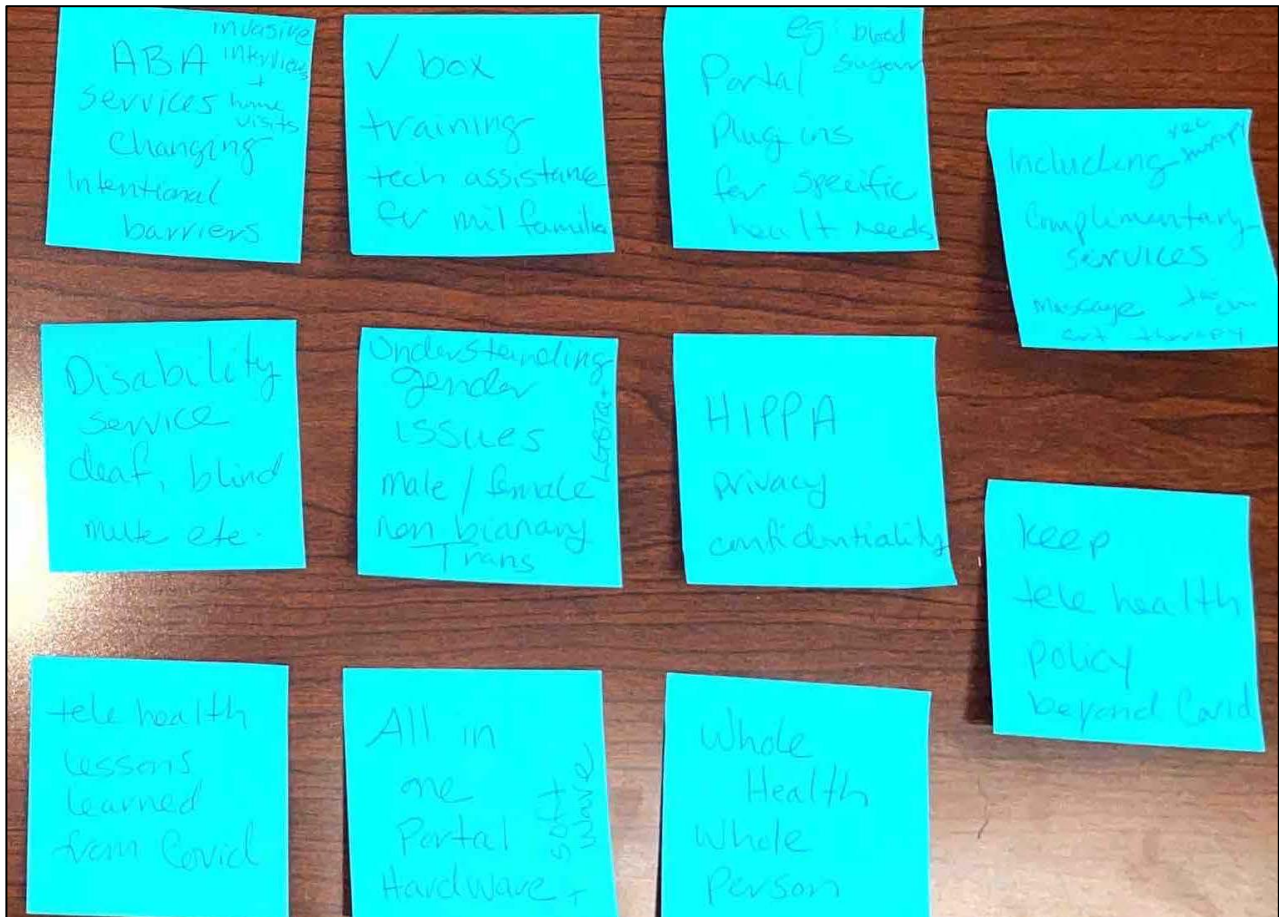
Technology

- Accessibility
 - Gap in skills (buttons...)
 - Generational gap
 - Stigma
 - FB Portal
 - "Friendly technology"
- Out of Network vs. In Network
- Urgent care visits? ER visits

SOLUTIONS

(Themes/Vision)
Areas for collaboration
Public / Private

- Internships
- Policies re: Telehealth
 - Confidentiality
- Language/Translation services
 - Google translate
 - Culturally competent pro



FAMILY WELL-BEING WORKGROUP

ATTENDEES – PROCESS – LANDSCAPE – NOTES – FLIPCHART CAPTURE

ATTENDEES

Coleton Whitaker, Elizabeth Dole Foundation
Besa Pinchotti, NMFA
Aaron Betz, Magellan Federal
Shannon Rzasadin, MFAN Staff
Gabby L'Esperance, MFAN Staff
Heidi Kraft, Psych Armor
Steven Lewis, Leidos
Amanda Peterson, Wounded Warrior Project
Lara Berghammer, Wounded Warrior Project
Nicole Chisolm, Wounded Warrior Project
Lakesha Cole, MFAN Advisory Board Alumni
Rachel Moyers, MFAN Advisory Board/American Red Cross
Emma "EJ" Smith, MFAN Advisory Board Alumni
Heidi Dindial, MFAN Advisory Board
Alexandra "Ali" Simon, MFAN Advisory Board
Kara Dallman, Our Military Kids
Kim Joiner, MFAN Advisory Board
Cindy Melli, MFAN Advisory Board
Honorable Patty Barron, US Department of Defense

A-G Facilitators of Record:

Chris Gonzalez, A-G Associates (lead facilitator)
Erica Jackson, A-G Associates (co-facilitator, note-taker)

PROCESS

Facilitation Process:

Family Well-Being had a large group of over 20 people. Following introductions, I asked people to count off from 1-4. I asked each participant to move to a new table based on their numbers and discuss 1 thing that worked well in the Military/Veteran Family Well-Being environment. Each group shared 1 thing they learned from the discussion.

Following that discussion, I asked each participant to begin thinking of solutions that exist. Participants wrote ideas on sticky notes and put them under 1 of the domains. Conversations

were very interactive within each table, so I had 1 table present an idea. General discussion followed.

Next, I had participants consider the solutions they heard and discuss the following topics within their teams. How can we (as a collective group):

1. Leverage new data?
2. Strengthen partnerships or form new ones?
3. Address/overcome barriers?

Following lunch, we revisited the above conversation as a large group. There were 3 themes that continued to emerge. The 3 themes were:

1. There are several existing bodies of information for the Military/Veteran Family Community. MFAN can leverage these and revise their methods for gathering data accordingly.
2. There are several great programs that exist across all 4 domains. Many times, people don't know about them so more work needs to go into outreach and conveying information about these programs.
3. To provide services to a broad community, there needed to be increased partnerships with stronger, more tangible commitments to one another's work.

Finally, we broke into 3 groups to develop tangible ideas for addressing the above themes. The result of these conversations are the bullet points listed on the slide. See below for notes from the slide:

Topic 1: Understanding data and surveys

- Conduct upstream-downstream and stage of service research—employing collaborative research approach
- Prioritize findings for addressing interventions
- Use research and findings to build trust
- Map well-being according to well-being scale and align outreach and resources with well-being journey

Outreach

- Convert subliminal messaging to more active outreach strategies (i.e., voluntelling personnel and/or families to participate in certain programs)
- Transitioning firehose of resources from beginning or end to throughout service time
- Conduct outreach with military influencers and administrators in social media to reach younger spouses and family members/caregivers
- Fund more non-command events to create connections that can lead to resources sharing and build community across families regardless of rank

Partnerships

- Formulate a coalition on well-being
- Have coalition and partnership organizer/leaders that will stay on top of enacting action plans at local levels

- Build partnerships between LOCAL community business partners and one various coalition organizer using an accountability measure to share resources

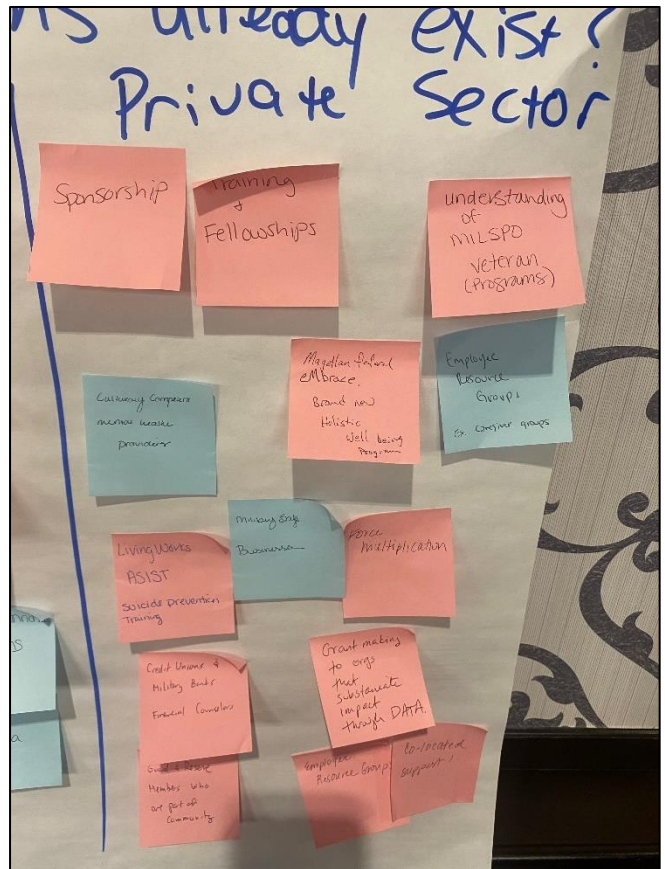
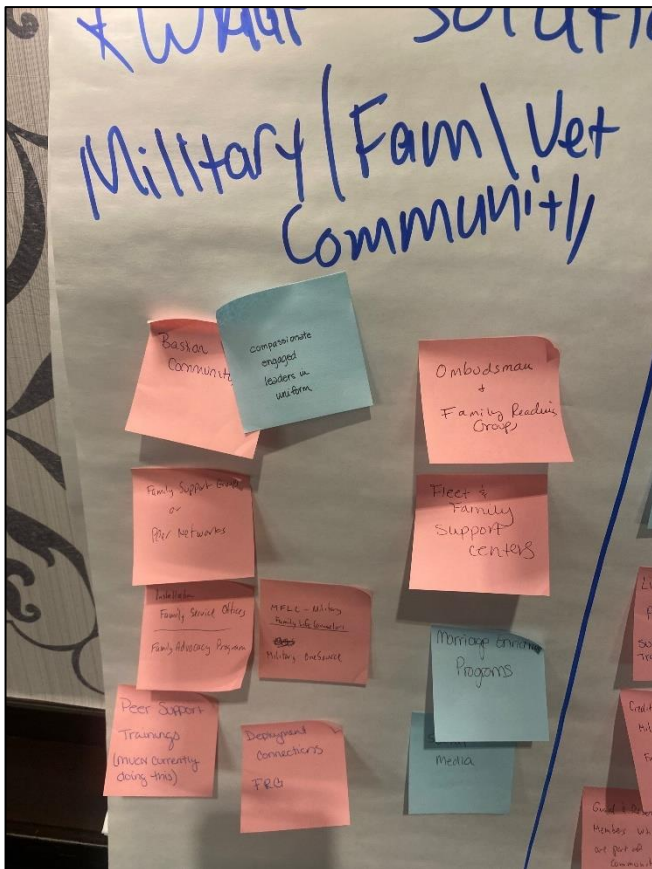
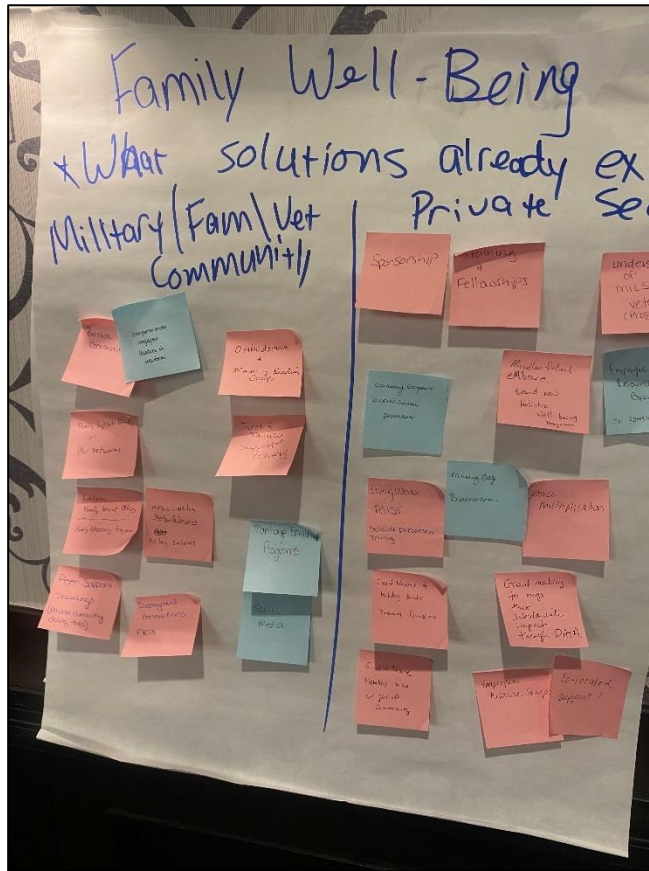
CURRENT LANDSCAPE

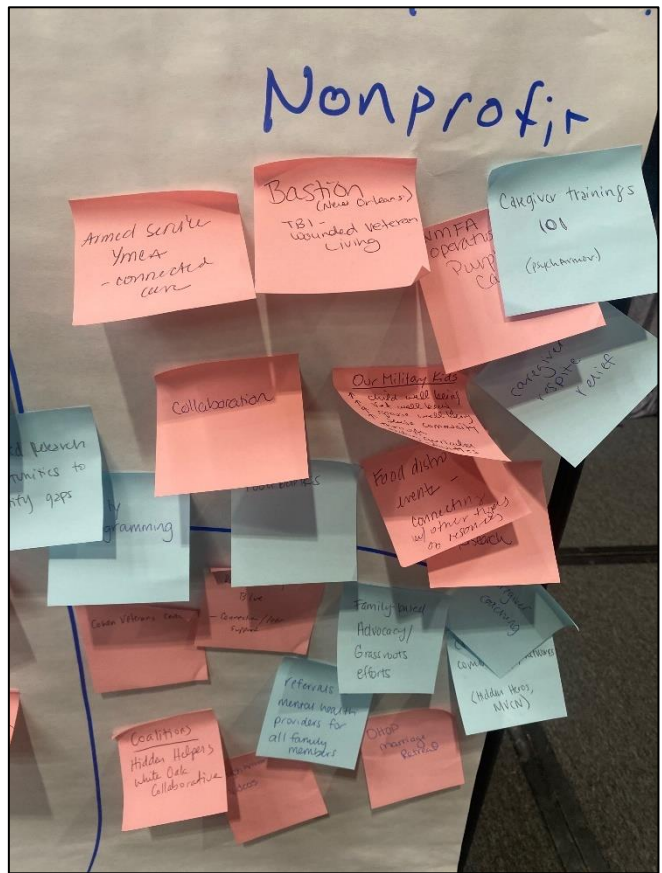
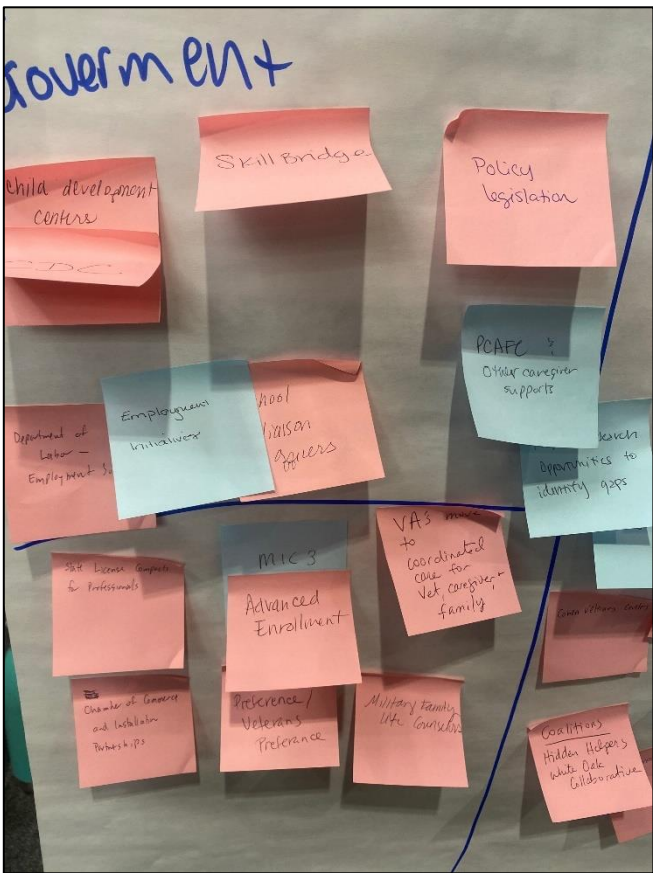
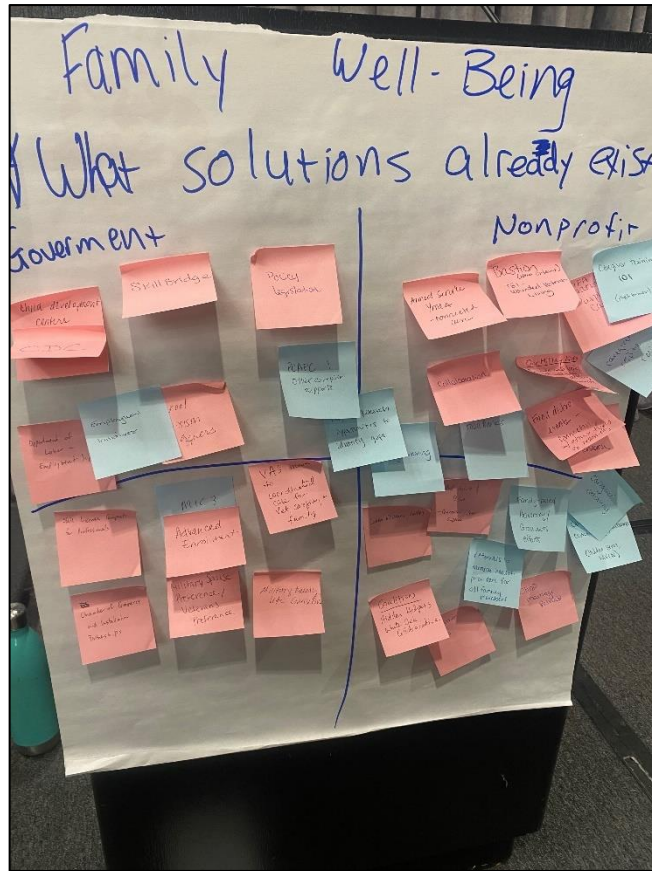
- Private Business
 1. Co-located campus—needed services in one place
 2. Isolation combat theme: Veteran/military employee resource groups
 3. Data impact communication to private sector for more funding for family supports for military families
 4. Military reserves disrespected often in private sector
- Non-Profit Organizations
 1. Peer resource networks
 2. Valuing military spouses through financial support?
 3. Exceptional Military families? —for reservists
 4. Operation purple camp
 5. Our military kids—Reservist kids don't necessarily even identify as military kids but need those supports
 6. Credo-like marriage retreats
- Government Programs
 1. Interstate compacts for education for licensed professionals
 2. CDC model for child support
- Military/Veteran/Family Community
 1. Isolation combat theme: peer resource networks
 2. Compassion leadership from commanders at individual level (systematizing this would be ideal)
 3. Word of mouth from peers is important for info giving with trust
 4. Community support
 5. Combat organizations, particularly focused around performance-based immersion organizations

RAW NOTES

This group featured several table-discussions alternating with group work. Therefore, all notes and top-line ideas were captured in the above process section. However, transcriptions of the full sessions exist. Due to space limitations, these transcriptions have not been entered into this report. However, the notes can be provided via separate cover if needed.

FLIPCHART CAPTURE





FOOD INSECURITY WORKGROUP

ATTENDEES – PROCESS – LANDSCAPE – NOTES – FLIPCHART CAPTURE

ATTENDEES

Amy George, ASYMCA's
Mychael Willon, MFAN Advisory Board
Taylor Miller, MFAN Advisory Board Alumni - United
Delia Johnson, MFAN Staff
Elizabeth “Libby” Jamison, MFAN Advisory Board Alumni - VA
Reda Hicks, MFAN Advisory Board Alumni
Eryn Wagon, The Joint Staff
Veatrice Futch, Aetna
Karis Restina, Bob Woodruff Foundation
Tracey- MFAN Coordinator

A-G Facilitators of Record:

Lizbeth Caceda, A-G Associates (lead facilitator)
Leandra Vera, A-G Associates (co-facilitator, note taker)

PROCESS

Participants were divided into two working groups. Each of the groups was composed of 5 participants from diverse organizations and sectors. Participants were given 7-10 minutes to discuss the questions below and record their responses on a post-it note. Participants were then invited to share aloud with the entire group their responses. Participants were given the opportunity to ask questions and provide comments to everyone in the group and facilitators.

Food Insecurity Facilitation Process

Facilitator: Lizbeth
Co-facilitator: Leandra

CURRENT LANDSCAPE

[What solutions already exist to address the issues that the survey uncovered? How can we elevate the current work being done in these areas?]

Facilitator wrote overall themes and topics that were collected during the brainstorming session on a flipchart paper for group visibility.

Facilitators created four flipchart pages that were posted throughout the room labeled with each of the sectors. Participants were asked to stick their post-it notes with responses on current landscape on the papers by sector (there were several responses that fit in more than one sector).

- Private Business
 1. Corporate Social Funding
 2. Military Spouse Hiring and Employment
- Non-Profit Organizations
 1. American Red Cross
 2. Food Distribution Programs
 3. Food Pantries
 4. USO
 5. Faith-Based Organizations
- Government Programs
 1. Food Security Plan was just released with six focus areas
 2. Commissary Savings
 3. Military One Source
 4. SNAP/WIC
 5. School-Based Lunches
- Military/Veteran/Family Community
 1. ASYMCA
 2. One-Base Food Programs
 3. Emergency Relief Societies

Group Objective

The objective for this group was to 1) Discuss what participants already knew about the current landscape of food insecurity issues, policies, and programs, 2) Discuss successful initiatives and strategies in this area, 3) Barriers and challenges that remain in this area across sectors (i.e., government, nonprofit, for profit, and military family community, and 4) Participants will work through the successes and barriers to develop new ideas/strategies that can be turned into actionable solutions to improve programming/policies that would result in reductions of food insecurity among military families and increased quality of life.

Creating a Vision

Participants followed the same process described above to create a vision for how to improve issues around food insecurity in military families by responding to these questions [*What is the collective vision for what we can accomplish in this area? What are some potential areas for collaboration across sectors?*]

Developing Concrete and Actionable Solutions

Participants reviewed their sticky notes on Current Landscape and Creating a Vision and placed stars on any ideas they identified as solutions. The facilitator helped the group through discussions on prioritization and feasibility to identify four actionable solutions for different

stakeholders across sectors to address food insecurity challenges. The solutions were presented in a PowerPoint slide to all MFAN Summit attendees.

RAW NOTES

Aha's from yesterday

- Converting percentages into numbers.
- Lack of education available in the community as it relates to military families- salary differences- direct correlation to food insecurity; civilians need more education

Current Landscape

- Govt
 - Food Security plan was just released; 6 focus areas
 - Commissary savings
 - Military One Source
 - SNAP/WIC
 - School Based lunches
- Private
 - Corporate Social Funding
 - Military Spouse Hiring and Employment
- Non-Profit
 - Food Pantries
 - Faith Based
 - Food Distribution Programs
 - USO
 - American Red Cross
- Military
 - ASYMCA
 - On base food programs

What can we do to elevate?

- Communication- making people aware of opportunities- due to moves, transitions, transition of care, etc.; providers knowing what services are available; culturally appropriate/linguistic/competency; lack of human resources- funding needed
- Remove stigma- ex. free lunches these last two years, everyone felt the same
- Leveraging information- meeting people where they are at
- Constant message- people only reach out when they need it; need to spread the information throughout the year, when people don't need it, so they are aware of it; ex. Mil One Source is underutilized
- Amy (ASYMCA) mentioned- Work with Mil One Source to expand- need to understand the full breadth of Mil One Source

- Buy in and support at the command level- there are still bases that do not allow food pantries from ASYMCA
- Broader serving orgs may have stereotypes of what a military family looks like
- Amy (ASYMCA) mentioned- Differences between active/guard/reserves/veterans- invite all
- Veatrice (Aetna) asked about the two questions related to having food- Delia answered- Tricare hasn't fully launched the food questions for providers to ask; when questions are asked, services are suggested, but what follow up is there?
- Food insecurity and mental health goes on record; Delia suggested a QR code on a poster that anyone can use
- Finding root cause- food/financial literacy; employment necessity- ex. Transferring licenses from state to state; childcare need
- Educate funders that both literacy and immediate resources are both needed; however, no end in line because life happens; different phases in life; needs to be family and person centered
- Various screening tools are available- ex. Healthcare has screening tools to triage and make connections very quickly
- Put responsibility to provider
- Veatrice (Aetna)- Private companies may not know how to help or may have outdated data

Communication/Education/Awareness for both providers and consumers- Overarching themes from above

Vision

- Multiple hubs that need to act as spokesperson for other resources
- Cyclical nature of research/policy/program informing
- Identify and address root causes- nationwide problems and ones impacting military
- Stability and predictability throughout moves for overall success
- Connected ecosystem with resources that have been collected top down and bottom-up
- Work should be focused on best practice but not siloes- not cookie cut
- Key commonalities
- Need to normalize asking for help, especially in this space
- What's the last mile of food insecurity and first mile of education

Main Vision

- Connected Ecosystem
- Awareness- consumer and provider awareness; asking for help should be wrapped around awareness

Action Items/Solutions

- Community partners can help in line of efforts of new DOD food security plan

- Anti-hunger orgs- are they aware of this new plan?
- Figuring out how to package for dissemination to different orgs/partners
- Are DOD leadership on bases aware of this plan and how to put it into action
- Educate communities on how to spot predator lenders
- How to address red tape with VA and DOD for collaboration
 - Building a formalized coalition- but what does it do? Resources, programming, research, etc. Clarify and empower local installation, letting them know what the needs are.
 - Hubs on and off installation that would be responsible
- Food distribution funded by private and government
 - Co-locating resources- Funding must be coupled with services, to make it holistic. Have other services physically at those locations- WIC, financial education, mental health resources, etc. Retire from food pantry to health fair, etc.
 - Sharing what has worked in different communities
- Cyclical- local stakeholders-top level-national partners
- DEI- causal factor- not just veterans, but spouses also. Workforce development to create dual income household
 - Educate private sector of need and what it looks like
 - Creating path or credential process
 - Cultural competency
 - Incorporating spouses into the DEI plan- govt spouse ERG and fed space is already in this path. How does it trickle down? Start from the top to bring down.
 - Have people in lived experiences internally
 - Policy and mandate must come from the top, measured.
 - Informed by local need (data-informed)/stakeholders (providers, community-based leaders, lived experience, private orgs.)
 - Informed by diverse military communities
 - Language
 - Communication/Education
 - Marketing/Messaging- normalizing conversations around food insecurity
 - Meeting people where they are at
 - Reduce stigma around food insecurity
- Improve DOD's ability to provide predictability and stability during periods of transition.

FLIPCHART CAPTURE

Introductions

- Name
- Organization/military affiliation

GOOD MORNING
Lizbeth + Leandra

Current Landscape

Government

FEDERAL PROGRAMS (SNAP + NIC)
CHILD NUTRITION PROGRAMS
Military Assistance

Current Landscape

Military + Veteran Community

ASYMCA
Emergency Relief Societies

Current Landscape

Non-Profit

FOOD DISTRIBUTION PROGRAMS
Food Pantries
ON-BASE FOOD PANTRIES
FAITH-BASED ORGANIZATIONS
Community + Faith Based Orgs.

Child Nutrition

Relief Society orgs.
(American Red Cross)

Current Landscape

Private

Corporate Social Responsibility

Military Spouse Workforce Development

Current Landscape

10:25
10:30

- 1) What solutions already exist?
 - DoD security plan
 - Faith-based
 - Military source
 - Relief Society
 - Community
 - Food pantry
 - Food distribution
 - YMCA
 - Child nutrition
- 2) How can we elevate the current work that is being implemented?
 - Communications/connections
 - awareness
 - one source
 - stigma/segregated
 - buy-in
 - constant message/continuity
 - connect networks
- 3) What about new partnerships?
 - Barriers
 - financial literacy
 - educate the private sector
 - Divide
 - lack of buy-in
 - stigma
 - awareness
 - transition of care
 - cultural competence
 - more \$\$\$
 - resources
 - wraparound/holistic approach
 - person-centered
 - shift mission
 - Overcome Barriers
 - connect networks
 - provider
 - consumer

10:55
11:30

What is the collective vision for what WE can accomplish with food insecurity?

Alignment

Focus on key communities & urgency

Hub & Spokes model

Identify address root cause

Stability + predictability

Top-down AND Bottom-up

Normalize Access for Veterans

Best Practices But Not Silos

LAST MILE/ FIRST MILE

DoD Food Security Plan

Research Programs Policy

Collaboration across sectors

DoD Food security plan

- Package it for dissemination
- increase awareness

- Increase DoD awareness with external partners with focus on community partners, reputable partners
- interagency collaboration
- Local installation at the community level
- FRIn leaders/informal networks

Food distribution funded by private & govt

- Workforce development w/ military focus to educate private sector
- Focus on military spouse workforce development (DoD + MSEV) on dual income household
- DGI focus
- lived experience folks as champions

Who?

Mandate from top

- informed by local needs / stakeholders
- diverse community (e.g., providers, community-based leaders)
- National Partners

3) Improve Food distribution & collocating resources, screening, programs based on successful models/best practices.

4) Call out Military Population in DEI policies at all levels to alleviate financial strain that is a root cause of food insecurity.

4) Improve DOD's ability to ~~transition~~ ~~reover~~ provide stability & predictability during periods of transition.

5) Family spouses

6) lived experience, privacy (e.g., variety of providers, financial counselors, etc.)

7) Communications/education

- marketing/messaging
- meeting people where they are at
- reduce stigma around food insecurity
- improve help seeking behavior

Local Stakeholders

Top level

National Partners

HOUSING WORKGROUP

ATTENDEES – PROCESS – LANDSCAPE – NOTES – FLIPCHART CAPTURE

ATTENDEES

Kim Robertson- HDR Marketing Manager/ MFAN Alumni/Retired Air Force Spouse
 Kellie Artis- MILLY C.O.O. /MFAN Alumni/ Active-Duty Spouse
 Lauren Hope - AUSA / Keller Williams / MFAN Advisory Board
 Kyra Mailki- MFAN Advisory Board/ MHO Resident Advocate / Air Force Spouse
 Jessica Luckhardt - MFAN Staff /Family in Military / Former Teacher
 Jennifer Goodale- MFAN Advisory Board/ Marine
 Anna Clark- MFAN Staff - Navy Spouse
 Mary Monroe- MFAN Advisory Board/ Navy Spouse
 Derek Doyle- MFAN Staff- Public Affairs
 Reed Jordan- Wells Fargo Research and Urban Planning and Development
 Esmerelda Gloria- Blue Star

A-G Facilitators of Record
 Kristin Miller, A-G Associates (lead facilitator)
 Rachel Griffin, A-G Associates (co-facilitator/notetaker)

PROCESS

Facilitation Approach

Participants were asked to introduce themselves with their name, affiliation, and experience with military housing. Jessica provided a quick recap of key MFAN survey findings (as reported in the infographic) for housing. Participants were asked to use post-it notes to identify existing solutions, opportunities for elevating current work, potential partnerships, and barriers to addressing issues with military housing along for domains (government, military/veterans, non-profit, and private). The lead facilitator reviewed current solutions and opportunities for elevation for each domain, consolidating these into the bullets for the “Current Landscape” slide. A few ideas for elevating current work were parked for further discussion and inclusion on the “Solutions” slide as well. The group reviewed the barriers across domains and brainstormed solutions, then worked as a group to prioritize these solutions using the importance/feasibility scale. The top seven solutions were listed on the “Solutions” slide from most to least important. Finally, the group reviewed potential partnerships across domains and identified how, if possible, these partnerships could contribute to the identified solutions. All slides were reviewed with the group one last time, and language was massaged to ensure consensus from the group. A volunteer spokesperson, Lauren

Hope, presented the group’s current landscape and potential solutions slides for housing to the larger group.

CURRENT LANDSCAPE

Housing

- Private Business
 1. 50-year contracts with private housing with additional 25-year option
 2. Privatized housing is inconsistent in quality and responsiveness to resident concerns.
 3. No independent watchdog for privatized housing and property owners.
 4. Limited housing and money create a climate for predatory housing practices.
- Non-Profit Organizations
 1. Some non-profits involved in military housing sector are combative vs. collaborative (e.g., Armed Forces Housing Advocates is anti-privatization).
 2. There are any national non-profits dedicated to military housing (e.g., may have local non-profits or non-profits for housing in general or homelessness).
 3. There is an opportunity in this space to support military families with housing.
- Government Programs
 1. BAH is too low and doesn’t float with housing costs, inflation, or needs of military families.
 2. COLAs are inconsistent and don’t address housing cost issues completely.
 3. Housing solutions are inconsistent across branches and locations.
- Military/Veteran/Family Community
 1. Families cannot always live on-base if they want to due to inventory shortages.
 2. Military housing continues to have a PR problem, both on-base and privatized.
 3. Inconsistent education for military families on housing access and financial literacy across branches and installments.
 4. Veterans are used to relying on BAH (Basic Allowance for Housing) or other supports and are more likely to be homeless or transient due to the cost of living.

RAW NOTES

Private Sector

Current Landscape

The housing satisfaction levels are unchanged regarding military rank. However, housing satisfaction level varies by military branch. Air Force installations have the highest satisfaction due to good resident advocacy via installation post commanders holding town halls which bridges property owners and residents. Prior to taking command of a garrison or installation post the commander is trained in how to have public relations with residents. The other branches of the military do not have this kind of advocacy or structure.

Privatized housing takes 100% of BAH and gives 5% back. Not set to give you a stand-alone house.

Contracts benefit residents but not installations, private sectors are locked into 50-year contracts with no options.

On base and off base housing shortage forces families into predatory homes and lending contracts.

MHO's do surveys on housing satisfaction but do not release or collaborate their data with organizations like MFAN. In general, they lack DOD oversight and enforcement.

Only current watchdog run by the government GAO (Government Accountability Office)

Solutions

Standardize the AFI's approach to resident advocacy by creating a standardized resident council across all branches. Resident advocate runs resident council > chaired by installation commander. Every branch must have a representative from every rank and every type of housing. Virtual regional quarterly meetings to brainstorm solutions for installation issues.

Start dissolving 50-year agreement contracts. Normally agreements get purchased and re-structured and the 50 years remain intact.

Build more housing in heavily populated areas.

Release private housing survey data.

Independent third-party watchdog implemented and overseen by OIG (Office of Inspector General)

Partnerships

MHO resident advocates will contribute to the performance rating of the property management. MFAN will liaison for potential partnerships. - Derek

NDAA collaboration for clarification and standardization of resident advocacy programs across all branches and installations.

Government Programs

Current Landscape

BAH currently does not cover the cost of living.
Poor conditions on base military housing most cited reason to live off base
Poor maintenance repairs based on enlisted rank
Inconsistent licensing requirements for maintenance repair contracts depends on who owns the company. Residents are not allowed to perform their own repairs.
Residents are not educated or versed in the Tenant Bill of Rights.
Only certain locations receive COLA. If a community does not show need, they do not receive COLA.
Out of pocket moving expense reimbursement non-existent

Solutions

Increase the BAH. It should be tied to inflation and paired to the office of economic development at the state level. In depth economists available on state level. At a state level revamp how calculations are done, consulting on cost of living per area.
Performance contracts for private maintenance providers and a strict timeline for work maintenance orders. Residents are allowed to perform their own repairs.
Tenant Bill of Rights education, reach-back to ensure the material is understood.
MFAN more localized surveys- deep dive on housing
100% reimbursement for cost of living and relocation.

Military and Veteran Community

Current Landscape

Military and Veteran overlap creates a problem. They should be considered separate. - Jennifer Goodale/ MFAN Advisory Board
Lack of life skills and financial readiness education makes the transition from active duty to veteran more difficult. Veterans are more likely to be homeless and transient to lack of higher education on these topics. The current military is unable to utilize current resources due to lack of education.

Solutions

Incentivized retreat for life skills and financial readiness education to promotion PCS, DEERS
If spouses want to keep their dependent rate the spouse must show up to incentivize or mandated education programs. Incentive- Day off, certificates, retreat.

Non- Profit Sector

Current Landscape

Armed Forces Housing Associates combative instead of collaborative.
No national non-profit programs.
No unbiased companies in the non-profit sector.

Negatively perceived sector due to limited availability. Families get discouraged when they reach out and do not receive help.

Each branch has different advocacy programs.

CREDO and Strong Bonds are already well known and established

Solutions

MFAN becomes liaison for companies that can partner with current resident advocates across all branches. Also, for MHO and privatized housing must collaborate. Localized level of collaboration is more useful. Representation from all branches and service ranks needed. High level policy makers to localized housing advocates.

- Buckley AFI - Installation post commander held town halls which bridge property owners and residents. Prior to taking command of a garrison or installation post the commander is trained in how to have public relations with residents. This also created good optics for the installation. This approach to housing advocacy currently only exists in the Air Force. Army has mayors- “this position is generally viewed as just an additional duty for them.” The Navy has an advocacy team held within the MHO. Standardize the AFI’s approach to create a standardized resident council. Virtual regional quarterly meetings to brainstorm. Resident advocate runs resident council > chaired by installation commander. Every branch must have a representative from every rank and every type of housing.

Universally agreed upon contracts for partnerships.

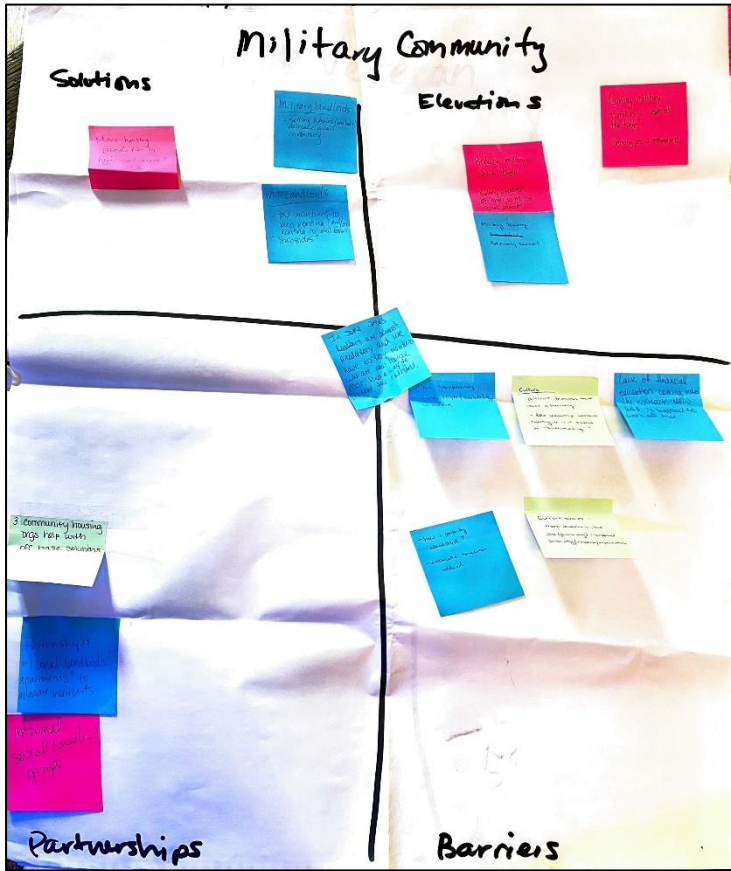
Incentivized retreat for life skills and financial readiness education to promotion PCS, DEERS

HUD certified housing counseling agencies funded by no profits, educated in the local landscape.

Use military constituents for pro-housing and pro-coalition initiatives and developments. Military community shows up to local council meetings and voice the need for economic development. - Reed / Wells Fargo Urban Planning Development and Research

YMCA partnership

AMDA (American Military Banking Association)



SOLUTIONS SUMMIT Debrief – Friday afternoon – Q&A following report outs

Each workgroup presented final recommendations to all Solutions Summit attendees. Due to time restrictions, discussion of recommendation in this large group was not feasible. However, some questions and further discussion points were captured as follows:

Telehealth

- VA has done some great work in the telehealth space connecting leaders and sharing best practices.
- Concern- Coach- Would that be covered by Tricare? Privacy is also a concern. Cross-state privileges are also a concern.

Military Transition

- More knowledge requested about Skill Bridge opportunities for spouses.

Housing

- There is a military housing association. May want to reach out to them.

Food Insecurity

- No questions/comments

Family Well Being

- No questions/comments